

TEXAS EMS CONFERENCE 2000
NOVEMBER 20-22, AUSTIN CONVENTION CENTER
Presentation information

PLEASE PRINT

Working Title/Description: _____

Formal Title (if known at this time): _____

Intended Audience (*circle one*): BLS (ECA/EMT) ALS (EMT-I/EMT-P) BOTH

Other (please list): _____

Presenter Information (*please print*)

Name/Title: _____

Organization: _____

Home Address: _____

City/State/Zip: _____

Phone(s): WORK (_____) _____ - _____ PAGER (_____) _____ - _____

FAX (_____) _____ - _____ HOME (_____) _____ - _____

E-Mail Address: _____

Name/Title: _____

Organization: _____

Home Address: _____

City/State/Zip: _____

Phone(s): WORK (_____)_____ - _____ PAGER (_____)_____ - _____
 FAX (_____)_____ - _____ HOME (_____)_____ - _____

E-Mail Address: _____

Equipment Needs:

G Slide Projector **G** TV and VCR **G** Overhead Projector **G** Pointer

G Other _____

Will you attend the entire Conference? Yes_____ No_____

I have enclosed the following for my presentation(s):

Curriculum vitae Yes_____ No_____

Knowledge Objectives Yes_____ No_____

Bibliography Yes_____ No_____

G Please use my curriculum vitae from last year.

Return IMMEDIATELY to the Texas Department of Health in the enclosed reply envelope or FAX to Paul Tabor at 512/834-6736.